



CG-APT, APPLICATION FOR ANNUAL PULL TAB FIRST TIME APPLICANTS

State Form 53632 (6-08)

INDIANA GAMING COMMISSION

Approved by State Board of Accounts, 2008

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: Processing of this application can take up to 120 days. Attach license fee.

1. Name of organization (please type or print)			2. Email address		
3. Previous name of organization (if name changed)			4. Federal Identification number (FID)		
5. Address of principal office (number and street)			Contact name		6. Business hours
City	State	ZIP code	County	Daytime telephone number ()	
7. Address of the facility where the event will be conducted (number and street)				Doing business as (DBA)	
City	State	ZIP code	County	Daytime telephone number ()	

FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

Attach additional sheets if necessary to supply all information for each line.

8. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)

- **If leased (rented) or donated**, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.

Name of lessor/donor (full legal name)			Address (number and street)		
City	State	ZIP code	County	Daytime telephone number ()	

9. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes ☐ No ☐

If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.

Note: Gaming equipment/device must originate from a licensed distributor and/or manufacturer.

Name	Address (number and street)	City	State	ZIP code
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Manufacturer and Distributor Information

Attach additional sheets if necessary.

10. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase licensed supplies.

Name	Address (number and street)	City	State	ZIP code	Items

11. Does your organization own gaming equipment or devices? Yes ☐ No ☐

If so, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment/device purchased.

Name of distributor/manufacturer	Date of purchase	Purchase price	Type of equipment/device

Operator Information

Attach additional sheets if necessary.

12. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event.

Full legal name	Home address <i>(number and street, city, state, ZIP code)</i>	Driver's license or state I.D.	Date of birth <i>(month, day, year)</i>	Daytime telephone number	Years with organization	Check appropriate box
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Member <input type="checkbox"/>

13. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming event.

X _____
Name Daytime telephone number

14. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes ☐ No ☐ If yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.

Worker Information

Attach additional sheets if necessary.

15. List **all** individuals *(excluding operator information above)* who will assist and work in the operation of the licensed event.

Full legal name	Home address <i>(number and street, city, state, ZIP code)</i>	Driver's license or state I.D.	Date of birth <i>(month, day, year)</i>	Daytime telephone number	Mos./years with organization	Check appropriate box
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				()		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>

16. Have any operators or workers listed on lines 12 and 15, or on any attachments, been convicted of a felony within the past 10 years in any jurisdiction?

Yes ☐ No ☐ If you answered Yes, attach a list including each name, type and date of conviction, and jurisdiction/court.

Gross Retail Sales Information

17. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? *(Check one)* Yes ☐ No ☐

If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail Merchant Certificate number
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18. Which of the following will your organization be receiving? *(Check one)*

_____ All of the retail sales income _____ A flat fee retail sales payment
_____ A percentage of the retail sales income _____ Other *(explain)* _____

Financial Information

19. Where will the charity gaming financial records be maintained?

Address (*number and street*)

City

State

ZIP code

20. Name, address, and telephone number of the person maintaining these records.

Name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number
()

21. List the organization's separate and segregated charity gaming checking account information.

Name of bank

Address (*number and street*)

City

State

ZIP code

Name of separate and segregated charity gaming checking account

Account number

License Fee Information

22. The license fee for an organization's first Annual Pull Tab License is \$50.00 and must be paid with this application. The fee should be paid by a check **drawn from your separate and segregated charity gaming checking account**. Make your check payable to: **Indiana Gaming Commission**.

Certification

23. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer

Print name

Title

Daytime telephone number

Date (*month, day, year*)

Signature of Secretary

Print name

Daytime telephone number

Date (*month, day, year*)

Send this application and \$50.00 fee to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204
Phone: (317) 232-4646